

FILED MAR 5 1949

STANDARD CERTIFICATE OF DEATH

State File No.

6051

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1511

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1511

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis, Mo.

c. LENGTH OF STAY (in this place)

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis (Webster) Mo.d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION Bethesda Hosp.d. STREET ADDRESS (If rural, give location)
6116 a Ella

3. NAME OF DECEASED (Type or Print)

a. (First)

Anna

b. (Middle)

Gore

c. (Last)

Cochran

4. DATE OF DEATH

(Month) (Day) (Year)

Feb. 18 1949

5. SEX

F.

6. COLOR OR RACE

W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

Mar. 10, 1866

9. AGE (In years last birthday)

82

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

11. BIRTHPLACE (State or foreign country)

Webster Groves, Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Wm. H. Gore

13b. MOTHER'S MAIDEN NAME

Harriett Bacon

14. NAME OF HUSBAND OR WIFE

John I. Cochran, Dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Elizabeth G. Cochran, 6116 a Ella.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

General carcinoma, 7 bones & skin

carcinoma both breasts

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Smoking

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1949, to Feb. 18, 1949, that I last saw the deceased alive on Feb. 17, 1949, and that death occurred at 100. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Frances R. Ritchie M.D. U

23b. ADDRESS

5233 Northman Ct.

23c. DATE SIGNED

2.19.49

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Feb. 21, 1949

24c. NAME OF CEMETERY OR CREMATORY

Bellefontaine

24d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

DATE REC'D BY LOCAL REG. OFF.

FEB 21 1949

REGISTRAR'S SIGNATURE

J. B. Sasser

25. FUNERAL DIRECTOR'S SIGNATURE

Alexander Sons 6125 Delmar

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Travers. Ritchie - at his office 11 to 6 PM
5233 N. L. Smith
Fo 5071
Fo 1630

1191

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Geo. E. McCulloch

Licensed Embalmer No. *2760*

P. O. Address *6175 Delaware*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.